



**DONALD F. MCHENRY FELLOWSHIP**  
**APPLICATION FORM**  
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**PERSONAL STATEMENTS:** Applicants must submit two statements of no more than 250 words each--one on each topic listed below:

**STATEMENT OF LEADERSHIP ABILITY.** Provide information about demonstrated leadership ability and how you perceive your leadership ability as being helpful in your career.

**STATEMENT OF CAREER GOALS AND RESEARCH INTERESTS.** Please state your career goals and research interests and relate how you perceive this award as being instrumental toward achieving those goals and pursuing those interests.

**FINANCIAL INFORMATION**

Have you received financial aid in previous years?  Yes  No If yes, indicate type(s).

Academic Scholarship from College/University  Pell  National Direct Student Loan

Private Academic Scholarship  Bank Loan  Supplemental Educational Opportunity Grant

Other (name) \_\_\_\_\_

Have you applied for other financial aid for the period of this application?  Yes  No

If yes, name: \_\_\_\_\_

Do you expect to receive any other fellowship during the period of this application?  Yes  No

If yes, name: \_\_\_\_\_

Total number of dependents (include self): \_\_\_\_\_ Veteran:  Yes  No

Provide, as best you can, an estimate of expenses and financial resources expected for the academic year for which you are seeking this fellowship. Use the comments section to explain any special circumstances.

**ESTIMATED RESOURCES FOR APPLICATION PERIOD**

**ESTIMATED EXPENSES FOR APPLICATION PERIOD**

Employment (self) \_\_\_\_\_

Tuition & Fees \_\_\_\_\_

Employment (spouse) \_\_\_\_\_

Books & Supplies \_\_\_\_\_

Alimony/Child support \_\_\_\_\_

Rent/Housing \_\_\_\_\_

Family/Employer support \_\_\_\_\_

Food/Board \_\_\_\_\_

Scholarship \_\_\_\_\_

Transportation \_\_\_\_\_

Institutional support \_\_\_\_\_

Utilities (gas, phone) \_\_\_\_\_

Savings \_\_\_\_\_

Medical/Dental \_\_\_\_\_

Loans \_\_\_\_\_

Childcare \_\_\_\_\_

Other (specify) Installment payments \_\_\_\_\_

Other (specify) \_\_\_\_\_

**Total resources** \_\_\_\_\_

**Total expenses** \_\_\_\_\_

**Comments:** \_\_\_\_\_

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date